

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Amelia R. Pearson
President
Southern Union Community College
c/o Robert T. Meadows
P. O. Drawer 2268
Opelika, AL 36803-2268

07cv967 S & Amd Cmp

2. Article Number

(Transfer from service label)

7008 0500 0000 2995 4618

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *AS Monday*☐ Agent☐ Addressee

B. Received by (Printed Name)

Abby Monday

C. Date of Delivery

8/8/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

AUG 08 2008

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Bradley Byrne
Chancellor
State of Alabama Department of Postsecondary Education
c/o Robert T. Meadows
P. O. Drawer 2268
Opelika, AL 36803-2268

07cv967 S & Amd Cmp

2. Article Number

(Transfer from service label)

7008 0500 0000 2995 4637

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *AS Monday*☐ Agent☐ Addressee

B. Received by (Printed Name)

Abby Monday

C. Date of Delivery

8/8/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

AUG 08 2008

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Susan Salatto
c/o Robert T. Meadows
P. O. Drawer 2268
Opelika, AL 36803-2268

07cv967 S & Amd Cmp

2. Article Number

(Transfer from service label)

7008 0500 0000 2995 4601

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *AS Monday*☐ Agent☐ Addressee

B. Received by (Printed Name)

Abby Monday

C. Date of Delivery

8/8/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

AUG 08 2008

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